

# **ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)**

**Companion Document  
and  
Transaction Specifications  
for HIPAA  
NCPDP Batch 1.1 Version 5.1  
Encounter Transactions**

**October 2007  
Version 1.2**

# **DRAFT**

**DRAFT****Revision History**

<b>Date</b>	<b>Version</b>	<b>Description</b>	<b>Author</b>
6.26.2006	1.0	Draft for distribution to health plans.	AHCCCS Information Services Division
6.15.2007	1.1	NPI updates and Permission to Reproduce	AHCCCS Information Services Division
10.26.2007	1.2	Edits to differentiate from Implementation Guide	AHCCCS Information Services Division

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**DRAFT****1 Introduction****1.1 Document Purpose**

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**Companion Documents**

HIPAA Transaction Companion Documents are available to electronic trading partners (health plans, program contractors, providers, third party processors, and billing services) to clarify information on HIPAA-compliant electronic interfaces with AHCCCS. The following Companion Documents are being produced:

- 834 Enrollment and 820 Capitation Transactions
  - 270 Eligibility Request and 271 Eligibility Response Transactions
  - 837 Claim Transactions
  - 835 Electronic FFS Claims Remittance Advice Transaction
  - *837 and NCPDP Encounter Transactions*
  - 277 Unsolicited Claim Status Transaction (Encounters)
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**Document Objective**

This Encounter Companion Document provides information related to electronic submission of NCPDP Pharmacy Encounter Transactions to AHCCCS by contracted health plans.

This Companion Guide tells health plans how to prepare and maintain a HIPAA compliant encounter interface, including information on populating encounter data elements for submission to AHCCCS.

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**Intended Users**

Companion Documents are intended for the technical staffs of health plans and other entities that are responsible for electronic transaction exchanges. They also offer a statement of HIPAA Transaction and Code Set Requirements from an AHCCCS perspective.

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**Relationship to  
HIPAA  
Implementation  
Guides**

Companion Documents are intended to supplement the HIPAA Implementation Guides for each of the HIPAA transactions. Rules for data format, content, and field values can be found in the Implementation Guides. This document describes the technical interface environment with AHCCCS in terms of data and processing implications for AHCCCS trading partners. Operational information involving connectivity requirements, protocols, and electronic interchange procedures is covered in other documents that are available from the AHCCCS Information Services Division (ISD) Customer Support Center. This Companion Document provides specific information on the fields and values required for transactions that are sent to or received from AHCCCS.

Companion Documents are intended to supplement but not to replace the standard Implementation Guides for each HIPAA Transaction Set.

Information in Companion Documents is not intended to:

- Modify the definition, data condition, or use of any data element or segment in the standard Implementation Guides.
- Add any additional data elements or segments to the defined data set.
- Utilize any code or data values that are not valid in the standard Implementation Guides.
- Change the meaning or intent of any implementation specifications in the standard Implementation Guides.

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**Disclaimer**

This Companion Document is a technical document describing the specific technical and procedural requirements for interfaces between AHCCCS and its trading partners. It does not supersede either the health plan contracts or the specific procedure manuals for various operational processes. If there are conflicts between this document and health plan contracts or operational procedure manuals, the contract or procedure manual will prevail.

Substantial effort has been taken to minimize information conflicts. However, AHCCCS, the Information Services Division, or its employees will not be liable or responsible for any errors or expenses resulting from the use of information in this document. If you believe there is an error in the document, please notify the AHCCCS Information Services Division immediately.

**DRAFT****1.2 Contents of this Companion Document**

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<b>Introduction</b>	Section 1 provides general information on Companion Documents and HIPAA and outlines the information to be included in the remainder of the document.
<b>Technical Infrastructure</b>	Section 2 provides a brief statement of the technical interfaces required for trading partners to communicate with AHCCCS via electronic transactions. The AHCCCS Encounter Reporting User Manual provides information on file names and procedures used in encounter submission.
<b>Transaction Standards and Specifications</b>	<p>Section 3 provides information relating to the transaction(s) in this Companion Document including:</p> <ul style="list-style-type: none"><li>▪ General HIPAA transaction standards</li><li>▪ Testing criteria and procedures</li><li>▪ Front end edits applicable to incoming transactions</li><li>▪ Procedures for generating acknowledgment transactions</li><li>▪ Procedures for handling rejected transmissions and transactions</li><li>▪ AHCCCS-specific data requirements for the transaction(s) at the data element level</li></ul> <p>Transaction Specifications define in detail how HIPAA Transactions are formatted and populated for exchanges with AHCCCS.</p>

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**DRAFT****2. Technical Infrastructure and Procedures****2.1 Technical Environment****AHCCCS Data Center Communications Requirements**

Trading partners connect to AHCCCS by going from the Internet through a Virtual Private Network (VPN) Tunnel to the AHCCCS File Transfer Protocol (FTP) Server. In standard software-to-hardware VPN connections, VPN client software is installed and configured on each machine at the client site that requires FTP access. Detailed information on FTP and VPN setups including information on using Cisco Systems Software to establish provider computers as VPN Clients is available in the AHCCCS Electronic Encounter Submission document on the AHCCCS website (<http://www.azahcccs.gov/HIPAA/Testing/PDFs/AHCCCSECSManual.pdf>).

**Technical Assistance and Help**

The AHCCCS ISD Customer Support Center provides technical assistance related to questions about electronic data submission or data communications interfaces. All calls result in Ticket Number assignment and problem tracking. Contact information is:

- **Telephone Number:** (602) 417-4451
- **Hours:** 8:00 AM – 5:00 PM Arizona Time, Mondays through Fridays
- **Information required for initial call:**
  - Topic of Call (VPN setup, FTP procedures, etc.)
  - Name of caller
  - Organization of caller
  - Telephone number of caller
  - Nature of problem (connection, receipt status, etc.)
- **Information required for follow up call(s):**
  - Ticket Number assigned by the Customer Support Center

**DRAFT****2.2 Directory and File Naming Conventions**

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**FTP Directory Structure**

The current structure on the FTP server is designed to provide logical access to all files, ease troubleshooting searches, and simplify security for account set ups and maintenance.

**FTP\HP Mnemonic\encounter\ (IN\OUT)\ (prod\test)**

- HP Mnemonic – The 3-byte acronym assigned by AHCCCS.
  - encounter – The default directory name indicating Encounter Transactions.
  - IN – The default directory name indicating inbound data.
  - OUT – The default directory name indicating outbound data.
  - prod – The default directory name indicating it is the production environment.
  - test – The default directory name indicating it is the test environment.
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**File Naming Conventions**

Current FTP Directory file naming conventions are as follows:

1. File name can be any name designated by the Health Plan/Program Contractor, but must not exceed 25 characters.
2. Files cannot be zipped.
3. Files must be placed in folder *hhh/Encounter/IN/PROD*, where *hhh* is the 3 digit Health Plan mnemonic. Please note this is not the same folder as the previous NCPDP version (3.2).
4. Files are validated and translated when received, and are not held for verification.
5. Once a file is submitted it is not available for AHCCCSA staff to pull it out of the process. Please be certain that your files are ready for submission before placing them on the FTP site.
6. Files submitted for validation will have an “AHCCCS stamp” appended to the front of the file name. The stamp will be in format of *AZtE\_HPxxxxxx\_ccyyymmddhhmmssss*, where:
  - *t* is I=Institution, P=Professional, D=Dental, N=NCPDP
  - *xxxxxx* is the health plan ID
  - *ccyyymmdd* is date pulled from FTP server
  - *hhmmssss* is time pulled from FTP server
7. Any file received in the folder *hhh/Encounter/IN/PROD* that is not an X12 or NCPDP file will be pulled from the FTP server and archived. No notification will be given and no further processing will occur.



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Please be careful to drop your files to the correct folder, as pulling these files from archive to confirm your error is a manual process that will delay your submissions.

8. After translation and importation to PMMIS (EC552 HIPAA Transmission Summary) files will be named as “original file name”
9. For NCPDP files, the 880-K1 element must contain the three byte acronym assigned by AHCCCS followed by the submitter’s Tax ID, six digit Health Plan ID, the three digit TSN, and a one character Input Mode.

For more information on Incoming and Outgoing file formats, reference the Encounter Manual available on the AHCCCS website

(<http://www.ahcccs.state.az.us/Publications/GuidesManuals/EncounterManual/default.asp>).

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**DRAFT****3. Transaction Standards****3.1 General Information**

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**HIPAA  
Requirements**

HIPAA standards are specified in Implementation Guides for each transaction set. NCPDP Transactions have Release Numbers but not Addenda. For pharmacy encounters, AHCCCS uses NCPDP Release 5.1 Transactions in combination with Release 1.1 batch segments.

An overview of specific requirements can be found in each Implementation Guide. Implementation Guides contain information related to:

- The format and content of interchanges and functional groups of transactions
- The format and content of the Header, Detail, and Trailer Segments specific to the transaction
- Code sets and values authorized for use in the transaction

For encounters, this Companion Document, in combination with the Implementation Guide, tells how to prepare data in HIPAA standard formats for submission to AHCCCS.

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**Size of  
Transmissions/  
Batches**

Transmission sizes are limited based on the number of segments/records recommended by HIPAA standards. There is no AHCCCS limit on file size for electronic encounter submission. HIPAA recommendations for the maximum file size of each transaction set are specified in the Implementation Guide and its authorized Addenda.

For NCPDP Encounter transmissions, the length of a control field imposes a limit on the total dollar amount of 9,999,999.99 per electronic transmission, regardless of the number of transactions. A submitter may submit multiple transmissions per cycle.

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**DRAFT****3.2 Edits for Encounter Transactions**

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**Overview of the Syntactical Edit Process**

Edits performed by the AHCCCS validator on NCPDP Encounter Transactions ensure that incoming transactions comply with the standards documented in the transaction's HIPAA Implementation Guide. Only NCPDP Transactions of encounters that have passed translator edits can have their claims translated and adjudicated. The translator's edits are prior to and in addition to edits performed by PMMIS. AHCCCS processes and procedures for resolution of encounters pended by PMMIS remain unchanged.

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**3.3 Data Interchange Conventions**

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**Overview of Data Interchange**

*When receiving NCPDP Encounter Transactions from health plans, AHCCCS follows standards developed by the National Council for Prescription Drug Programs (NCPDP).*

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**DRAFT****3.4 Encounter Transaction Specifications – NCPDP Encounters**

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**Transaction  
Specifications  
Table**

The NCPDP Encounter Transaction Specifications for individual data elements are shown in the table starting on the next page. Definitions of table columns follow.

Segment

The name of the segment or standard grouping of data elements within a NCPDP Transaction.

Field

The data element's identifier as shown in the NCPDP Implementation Guide and Data Element Dictionary.

Field Name

The field's name as shown in the NCPDP Implementation Guide and Data Element Dictionary.

Field Definition

How the field is defined in the NCPDP Data Element Dictionary.

Value

Data element values in the Implementation Guide that are used by AHCCCS.

Comments

Definitions of valid values used by AHCCCS and additional information about AHCCCS data element requirements.

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**NPI Contingency  
Plan**

Monitor AHCCCS' web page (<http://www.azahcccs.gov/hipaa/Documents/PDFs/NPIDocuments/>) for the latest updates regarding the NPI Contingency Plan.

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**DRAFT****AHCCCS DRUG ENCOUNTER TRANSACTION SPECIFICATIONS Based on NCPDP Telecommunication and Batch Standard****TRANSMISSION HEADER RECORD – Appears at the beginning of transmissions of from 1 to 9,999,999,997 NCPDP Transactions**

Segment	Field	Field Name	Field Definition	Value	Comments
Transmission Header	880-K1	SENDER ID/ 24 BYTES	An identification number of the transmission sender defined by the processor.		Submitting health plans are identified by a 3-byte acronym assigned by AHCCCS followed by the submitter's Tax ID [9], AHCCCS Health Plan ID [6], a three-character Transmission Submitter Number (TSN), and a one-character Input Mode ("2" [Adjudicated Encounter] or "6" [Denied Encounter]).
Transmission Header	880-K7	RECEIVER ID/ 24 BYTES	A receiver identification number that "reflects valid enrollment between trading partners for batch file submission."	AHCCC S86- 600479 1	"AHCCCS" followed by the AHCCCS Federal Tax ID.

**TRANSACTION DETAIL DEFINITION RECORD – Encloses each NCPDP Transaction**

Segment	Field	Field Name	Field Definition	Value	Comments
Transaction Header	202-B2	SERVICE PROVIDER ID QUALIFIER	Code qualifying the 'Service Provider ID' (201-B1).	01 05	National Provider Identifier Medicaid ID Used in the B1, B2 and B3 record.
Transaction Header	201-B1	SERVICE PROVIDER ID	ID assigned to a pharmacy or provider.		Provider Id/Pharmacy Number. Until May 22, 2007, AHCCCS Id and Location Number NNNNNNLL May 23, 2007 and after, National Provider Identifier Used in the B1, B2 and B3 record.
Patient	332-CY	PATIENT ID	Resubmission Claim Number		The Claim Reference Number (CRN) of the original encounter being voided or replaced. Required when the original encounter is being voided or replaced. Used in the B2 and B3 record.
Insurance	302-C2	CARDHOLDER ID	Insurance ID assigned to the cardholder.		The health plan member's AHCCCS ID Used in the B1 record.
Claim	330-CW	ALTERNATE ID	The Medicaid unique claim identification number (also referred to as the ICN or TCN)		Health Plan CRN Used in the B1 record.
Prescriber	111-AM	SEGMENT IDENTIFICATION	Identifies the segment in the request and/or response.	03	Prescriber Segment Used in the B1 and B3 record.
Prescriber	466-EZ	PRESCRIBER ID QUALIFIER	Code qualifying the 'Prescriber ID' (411-DB).	01 05	National Provider Identifier Medicaid ID Used in the B1 and B3 record.

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<b>TRANSACTION DETAIL DEFINITION RECORD – Encloses each NCPDP Transaction</b>					
<b>Segment</b>	<b>Field</b>	<b>Field Name</b>	<b>Field Definition</b>	<b>Value</b>	<b>Comments</b>
Prescriber	411-DB	PRESCRIBER ID	ID assigned to the prescriber.		Prescribing providers should use an NPI, but AHCCCS will accept submissions of both the NPI and/or other legacy identifiers (AHCCCS ID and Location Number NNNNNNLL) until March 1, 2008. Used in the B1 and B3 record.
COB/Other Payments	111-AM	SEGMENT IDENTIFICATION	Identifies the segment in the request and/or response.	05	Coordination of Benefits (COB) Segment  One occurrence of the COB/Other Payments Segment is required for health plan payment information. Subsequent iterations of the segment can be used for data on other third party payers. Used in the B1 and B3 record.
COB/Other Payments	337-4C	COORDINATION OF BENEFITS/ OTHER PAYMENTS COUNT	Count of other payment occurrences.		The number of “other coverages” involved in the claim that resulted in this encounter. Always 1 for the health plan, incremented by 1 for each additional coverage (2, for example, when the health plan member has Medicare A). Used in the B1 and B3 record.
COB/Other Payments	338-5C	OTHER PAYER COVERAGE TYPE	Code identifying the type of ‘Other Payer ID’ (340-7C).		Any valid value. Used in the B1 and B3 record.
COB/Other Payments	339-6C	OTHER PAYER ID QUALIFIER	Code qualifying the ‘Other Payer ID’ (340-7C).		Use a value of “99” when the payer is a health plan and an appropriate Implementation Guide value when the payer is an additional other carrier. Used in the B1 and B3 record.
COB/Other Payments	340-7C	OTHER PAYER ID	ID assigned to the payer.		The AHCCCS Health Plan ID and TSN for health plans. Any available identifier for other additional carriers is acceptable. Used in the B1 and B3 record.
COB/Other Payments	341-HB	OTHER PAYER AMOUNT PAID COUNT	Count of the payer amount paid occurrences.		The number of “other payers” (including the health plan but excluding AHCCCS) that made payments. Used in the B1 and B3 record.
COB/Other Payments	342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	Code qualifying the ‘Other Payer Amount Paid’ (431-DV).		For health plan segments, the value is always “07” (Drug Benefit). Use the most appropriate Implementation Guide value for additional other payers. Used in the B1 and B3 record.
COB/Other Payments	431-DV	OTHER PAYER AMOUNT PAID	Amount of any payment known by the pharmacy from other sources (including coupons).		For the health plan COB Segment, the Health Plan Paid Amount. If additional other payers are involved, the amount paid by each of them. Used in the B1 and B3 record.

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<b>TRANSMISSION TRAILER RECORD – Appears at the end of transmissions of from 1 to 9,999,999,997 NCPDP Transactions</b>					
<b>Segment</b>	<b>Field</b>	<b>Field Name</b>	<b>Field Definition</b>	<b>Value</b>	<b>Comments</b>
Transmission Trailer	504-F4	MESSAGE/ 35 BYTES	Information regarding the batch.		The submitter should add an abbreviated attestation message that is compliant with BBA specifications. For example: "Attested John Doe CFO"